## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
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ALEXANDRIA, VA 22313-1404  SEP 1 9 2006						(Depositor's name)			
	( <u>j</u>			(Signature)					
	\_	J_	<i>E</i>	L				(Date)	
APPLICATION NO.	FILING DATE	TRADENT	FIRST NAME	NVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.			
10/626,630	07/25/2003	David Keith Boy				032516-003 9628			
TITLE OF INVENTION: SC	SMALL ENTITY	DENSITY MATE		PUBLIG	CATION FEE	TOTAL FEE(S)	) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300		\$1700		09/19/2006	
EXAMINER		ART UNIT		CLASS	-SUBCLASS	]			
HO, AL	2882		378	3-149000					
1. Change of correspondence CFR 1.363).  Change of correspond. Address form PTO/SB/12  "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Buchanan Ingersoll  & Rooney, PC							
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or typ	ne)				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of of this form is NOT	data will app	ear on the pa	atent. If an assign	nee is identified be	low, the d	ocument has been filed for	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government									
4a. The following fee(s) are 6	b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).								
5. Change in Entity Status (	from status indicated above	)					<u></u>		
• • • • • • • • • • • • • • • • • • • •	MALL ENTITY status. See 3					LL ENTITY status			
The Director of the USPTO i NOTE: The Issue Fee and Pu nterest as shown by the reco	s requested to apply the Issu blication Fee (if required) w rds of the United States Pate	e Fee and Publicat vill not be accepted nt and Trademark	ion Fee (if an I from anyone Office.	y) or to re-are other than t	oply any previous he applicant; a reg	ly paid issue fee to sistered attorney or a	the applica agent; or th	tion identified above. ne assignee or other party in	
Authorized Signature	Jams fal In				09/20/20 Date 01 FC:1:	_September_	000002 10 19, 20	10.6	
Typed or printed name	James A. LaBar	re	<del> </del>		Registration!		<u></u>	1400.00 OP 300.00 OP	
This collection of information	n is required by 37 CFR 1.3	1. The information	n is required t	o obtain or r	etain a benefit by	the public which is	to file (and	by the USPTO to process)	

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